



IT&LY HAIRFASHION EDUCATIONAL REBATE OVERVIEW REPORT

Distributor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

LIST THE NAMES OF THE SALONS FROM THE CLASS REQUEST FORMS

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 11. _____ | 21. _____ |
| 2. _____ | 12. _____ | 22. _____ |
| 3. _____ | 13. _____ | 23. _____ |
| 4. _____ | 14. _____ | 24. _____ |
| 5. _____ | 15. _____ | 25. _____ |
| 6. _____ | 16. _____ | 26. _____ |
| 7. _____ | 17. _____ | 27. _____ |
| 8. _____ | 18. _____ | 28. _____ |
| 9. _____ | 19. _____ | 29. _____ |
| 10. _____ | 20. _____ | 30. _____ |

TOTAL TECH FEES PAID: _____

TOTAL EXPENSES PAID: _____

FACILITIES: _____
(DISTRIBUTOR COST ONLY)
TOTAL PRODUCT USED: _____

TOTAL REQUESTED: _____



Submitted by: _____ Date Submitted: _____